

Medical Plan Choices for 2019		
	PPO Plan	HSA Plan
Deductible (Single/Family)		
<i>In-Network</i> Deductible (Single/Family)	\$600/\$1,200	\$1,600/\$3,200
<i>Out-of-Network</i> Deductible (Single/Family)	\$1,500/3,000	\$3,200/\$6,400
HSA Seed (Single/Family)	N/A	\$750/\$1,500
Coinsurance		
<i>In-Network</i>	20%	20%
<i>Out-of-Network</i>	40%	40%
<i>In-Network</i> OOP Max (includes deductible)	\$3,600/\$10,800	\$3,550/\$7,100
<i>Out-of-Network</i>		
Lifetime Maximum Benefit	Unlimited	Unlimited
NEW MyClinic		
Preventive Care Services	Free	Free
Sick Visit	Free	\$25
Non preventive Prescriptions	Free	\$4
Physician Services		
Office Visits (PCP/Specialist)	\$25/\$40	20% after ded.
Preventative Care	Covered at 100%	Covered at 100%
Allergy Injection (by non-physician)	Covered at 100%	20% after ded.
Surgery	20% after ded.	20% after ded.
Hospital/Facility		
Inpatient/Out Patient Hospital	20% after ded.	20% after ded.
Emergency Room	20% after ded., \$225	20% after ded.
Urgent Care	\$25	20% after ded.
Prescription Drugs (Retail)		
Certain Preventative Generics	100%	100%
Retail Generic	\$10	20% after ded.
Retail Preferred Brand	20%	20% after ded.
	\$25 min, \$75 max	
Retail Non-Preferred Brand	40%	20% after ded.
	\$50 min, \$100 max	
Mail Order Prescription Drugs	3 months supply for the price of 2 months	20% after ded.

Vision Care—Routine Eye Exam is no longer covered effective 1/1/2019

ACCESS TO AND AVAILABILITY OF THE NOTICE OF PRIVACY PRACTICES

Mecklenburg County Group Health Plans' Notice of Privacy Practices (NPP) is applicable to persons enrolled in the employee and retiree medical plans, the dental plan, the medical flexible spending plan, and employee assistance program. If you wish to request a paper copy, you must submit your request in writing to the Group Health Plans' Privacy Coordinator at Privacy.Practices@MecklenburgCountyNC.gov or via US Mail to: County HR, Compliance & Privacy Practices, 700 E. Fourth Street, Charlotte, NC 28202.